



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE  
DIVISION OF REGULATORY BOARDS  
PRIVATE PROTECTIVE SERVICES  
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR  
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[www.state.tn.us/commerce/boards](http://www.state.tn.us/commerce/boards)

**FOR OFFICIAL USE ONLY**

File #

Xact #

## CERTIFIED TRAINER - APPLICATION

*Instructions: Please read this entire application carefully. Complete **all** sections and have Notarized before returning with the appropriate application fee to the above address. Please Note: **application fees are Not refundable.** Submit additional information for any item on a separate sheet of paper.*

**I AM APPLYING FOR TRAINER CERTIFICATION IN THE FOLLOWING CATEGORIES:**

- ☐ UNARMED
- ☐ ARMED
- ☐ BATON
- ☐ CHEMICAL SPRAY
- ☐ STUN GUN

**1. PERSONAL DATA:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number      Last Name      First Name      Middle Name

\_\_\_\_\_  
Residence (street) Address

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
(Area Code) Telephone Number      E-mail address

\_\_\_\_\_  
(Date of Birth)      (Place –City/State- of Birth)      (Sex (M/F))      (Race)      (Height)      (Weight)      (Hair)      (Eyes)

- a. Are you a United States Citizen? ☐ Yes ☐ No
- b. Have you ever used a name other than the one by which you are applying? ☐ Yes ☐ No  
If Yes, give name(s) \_\_\_\_\_
- c. Are you affiliated with a Contract Security Company, Proprietary Security Organization or Training School? ☐ Yes ☐ No

**If Yes,** give full name, address, telephone number, fax number and nature of affiliation:

\_\_\_\_\_  
Company Name      Nature of Affiliation

\_\_\_\_\_  
Street address      City      State      Zip Code

\_\_\_\_\_  
(Area Code) Telephone Number      E-mail address

**2. Criminal History Information:** If you answer Yes to any of the following questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so.

- a. Have you ever been convicted of a felony or misdemeanor in TN, or any other state? ☐ Yes ☐ No  
b. Do you currently have felony or misdemeanor charges pending against you? ☐ Yes ☐ No

**3. Have you ever been declared incompetent by reason of mental defect or disease?** ☐ Yes ☐ No

**4. Are you currently suffering from habitual drunkenness or any narcotic addition?** ☐ Yes ☐ No

**5. Have you ever served in Military Service?** ☐ Yes ☐ No

a. Did you receive an Honorable discharge? ☐ Yes ☐ No

(If other than Honorable discharge, attach a separate sheet of paper explaining the discharge, a copy of your DD214 and copies of all final judgments or dispositions of charges).

**6. Have you read the Tennessee statutes pertaining to Private Protective Services and the corresponding Administrative Rules and do you understand your responsibilities?** ☐ Yes ☐ No

**I HAVE ENCLOSED:**

- ☐ **The Required Application** completed in its entirety and sworn by a Notary Public.  
☐ **Application Fee/Certification Fee** in accordance with Administrative Rule 0780-5-2.23(2)  
☐ **Documents Verifying Experience:** In accordance with Tennessee Code Annotated §62-35-126(a)(2) and Administrative Rule 0780-5-2-.11.  
☐ **A Resume** outlining education and experience for the past 5 years in accordance with Administrative Rule 0780-5-2.11(f).  
☐ **Instructor Certificate(s)** in accordance with Administrative Rule 0780-5-2-.11(g) 1, 2, 3, 4, 5).  
☐ **Name and qualifications of assistant trainer:** in accordance with Administrative Rule 0780-5-2-.11(h).

**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned applicant, do hereby authorize the *Tennessee Department of Commerce and Insurance, Division of Regulatory Boards, Private Protective Services* to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of certification, licensure or registration by this agency for the purpose of investigating my credit references, and any workplace misconduct or criminal activity for which I am alleged to have been involved in.

These above-mentioned reports may include, but are Not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Tennessee Department of Commerce and Insurance, including but Not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that any false statement(s) and/or misrepresentation(s) given by me on this application or on any attachments will be punishable under Tennessee Code Annotated § 62-35. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to, before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

[NOTARY SEAL]

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires:



\_\_\_\_\_  
STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE

# CERTIFIED TRAINER - APPLICATION INSTRUCTIONS

PLEASE REMOVE THIS PAGE BEFORE SUBMITTING APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

APPLICATION FEE:	\$100.00 (MUST BE SUBMITTED WITH APPLICATION)
CERTIFICATION FEE:	<u>\$50.00</u> (SUBMITTED WITH APPLICATION OR UPON NOTICE OF APPROVAL)
TOTAL FEE:	\$150.00

-Before proceeding, read the enclosed copy of the Tennessee Private Protective Services Law and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating certified trainers in the State of Tennessee. YOU MAY NOT BEGIN WORK AS A CERTIFIED TRAINER UNTIL YOUR TRAINER CERTIFICATE HAS BEEN ISSUED BY THIS OFFICE.

## APPLICANTS MUST SUBMIT:

- Application completed in its entirety.
- Application subscribed and sworn to by the applicant before a duly appointed Notary Public.
- Application Fee of \$100.00 (application will Not be processed without the required fee).
- Resume outlining education and experience for the past 5 years.
- Proof of Experience - Documentation (verification must be on letter-head from employer/agency) stating a minimum of one (1) year supervisory experience in a security related field, refer to **TCA 62-35-126**. **Note: your resume is Not considered proof of experience.**
- Name and Qualifications of Assistant – If you intend to appoint an assistant in the implementation of your training program refer to Administrative Rule 0780-5-2-.11 (2)(h)(7) (attach additional sheet of paper).
- Instructor Certificates – such as:
  - Instructor's Certificate issued by the Tennessee Peace Officer Standards and Training Commission.
  - Instructor's Certificate issued by a federal, United States military, state, county or municipal law enforcement agency.
  - Instructor's Certificate issued by the National Rifle Association.
  - Instructor's Certificate (UNARMED TRAINER ONLY) in areas of self-defense, CPR, Emergency Procedures, etc. may be sufficient.

**PLEASE NOTE:** **PERSONAL TRAINING FORMS/CERTIFICATES ARE NOT** CONSIDERED "INSTRUCTOR CERTIFICATES", ALL CERTIFICATES SUBMITTED TO QUALIFY AS A CERTIFIED TRAINER MUST STATE **"INSTRUCTOR CERTIFICATE"**.